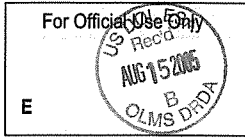


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>9597</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>09</u> Through: <u>12</u> / <u>31</u> / <u>2009</u>
3. Name and address of person filing. Name <u>TIMOTHY</u> <u>VASQUEZ</u> P.O. Box, Bldg., Room No., if any Street <u>660 WALNUT AVE</u> City <u>ELLING</u> State <u>IL</u> ZIP Code + 4 <u>60123</u>	4. Name, file number, and address of labor organization. Name <u>PLUMBERS + PIPEFITTERS LOCAL 501</u> Labor Organization File Number <u>540949</u> P.O. Box, Building and Room Number, if any Street <u>1295 BUTTERFIELD RD.</u> City <u>AURORA</u> State <u>IL</u> ZIP Code + 4 <u>60502-8879</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Timothy Vasquez</u>	On <u>8-4-05</u> Date	<u>847-888-2273</u> Telephone Number

Name of Person Filing <u>TIMOTHY VASQUEZ</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NORTHERN ILLINOIS BENEFIT FUND

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street 1295 BUTTERFIELD ROAD

City AURORA

State IL ZIP Code + 4 60502

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

NORTHERN ILL. BENEFIT FUND  
HEALTH AND WELFARE FUND FOR  
LOCAL 501

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT FOR TRAVEL AND MEAL  
EXPENSES TO ATTEND NEW TRUSTEE CONFERENCE  
IN LAKE BUENA VISTA, FLORIDA FROM 2/21/04  
TO 2/25/04 THE CONFERENCE WAS  
SPONSORED BY THE INTERNATIONAL FOUNDATION  
OF EMPLOYEE BENEFIT PLANS

12.b. Amount.

\$1,552

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## Part B

Name of Reporting Employer: Joint Education Fund				File Number E-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both  9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name <span style="border: 1px solid black; padding: 2px 10px;">Timothy</span> <span style="border: 1px solid black; padding: 2px 10px;">Vasquez</span>  P.O. Box, Building and Room Number, if any <span style="border: 1px solid black; display: block; height: 15px; width: 100%;"></span> Street <span style="border: 1px solid black; padding: 2px 10px;">1295 Butterfield Road</span> City <span style="border: 1px solid black; padding: 2px 10px;">Aurora</span> State <span style="border: 1px solid black; padding: 2px 10px;">Illinois</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px 10px;">60502</span>	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <span style="border: 1px solid black; display: block; height: 15px; width: 100%;"></span> 9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <span style="border: 1px solid black; padding: 2px 10px;">Union President</span>  P.O. Box, Building and Room Number, if any <span style="border: 1px solid black; display: block; height: 15px; width: 100%;"></span> Street <span style="border: 1px solid black; padding: 2px 10px;">1295 Butterfield Road</span> City <span style="border: 1px solid black; padding: 2px 10px;">Aurora</span> State <span style="border: 1px solid black; padding: 2px 10px;">Illinois</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px 10px;">60502</span>
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <span style="border: 1px solid black; padding: 2px 10px;">None</span>	10.b. The promise, agreement, or arrangement was:  <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure ( mm/dd/yyyy ).  <div style="border: 1px solid black; padding: 2px;">05/21/2004</div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	11.b. Amount of each payment or expenditure  <div style="border: 1px solid black; padding: 2px; text-align: right;">40</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">0</div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)  <div style="border: 1px solid black; padding: 2px;">Apprentice Graduation Dinner Paid by Fund</div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  
  

\$40 Apprentice graduation dinner paid by check directly to vendor by Joint Education Fund

To: U.S. Department of Labor

This represents my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. These are my only LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Signed: Timothy Vasquez

Dated: 8-1-05

Print Name: TIMOTHY VASQUEZ